

PRESS RELEASE

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National Commission for Women (NCW) has taken suo moto cognizance of the incident and constituted an Inquiry Committee under Sections 8 (1), read with Sections 10 (1) and 10 (4) of the National Commission for Women Act, 1990 to inquire into the media reports titled ““आदिवासी महिला को मूत्र पिलाकर की निर्मम पिटाई”। wherein reportedly a tribal woman was forced to drink urine in suspicion of practicing black magic in village Nadiya, District Hoshangabad, Madhya Pradesh and then she was also beaten up by a group of men.

After looking into the facts and circumstances of the present case the observations and recommendations of the Commission are following:

Observations

1. It is completely false as reported in the newspaper that the woman on whom atrocity was committed belongs to the Scheduled Caste community. The fact is that she is an adivasi.

2. LACK OF INFRASTRUCTURE: In the present village it has been observed that there is a total lack of public infrastructure which includes components such as health care facility, road, etc.

- No access pucca road to the village makes it virtually inaccessible. In case it had rained the Inquiry Committee would not have been able to reach Nadiya.
- Total lack of health care facilities nor any visits by medical specialists / doctor. The road to Nadiya is almost nonexistent and one has to cross many water bodies making it difficult for patients especially pregnant women to be taken to the closest centre at Pipariya and given timely treatment.
- No PHC nor trained ASHA worker. The kitchen of the local primary school is doubling up as center. An untrained pregnant woman was present and she is being trained as a Asha Worker. The area is primarily inhabited by adivasis who are not only very poor but also malnourished. The physical and health condition of the villagers reflects their poverty and deprivation, with the children suffering from malnutrition and the women from iron deficiency.
- No local source of income. Villagers **trek a distance of 20 kms** go get work as ‘labor’.
- No Aanganwadi Centre in the village, with nearest center at Pipariya. Local administration informed Inquiry Committee that once a month the Anganwadi worker goes to the village to take the weight of the 0-5 year children and provide ready to eat food for approximately 15 nos of children. With the poor linkage and practically a non-existent road, it is hard to believe that Anganwadi worker visits even once a month.
- The nearest NRCs at Pipariya where malnourished children are admitted for the 15 days treatment course. However, since only the child is admitted and no facility is provided for the attendant, practical problems arise i.e. during those 15 days where should the attendant stay, food, toilet etc.

- No cellular service area nor any landline telephone in the area.

2. POLITICAL PARTICIPATION: Gram panchayat councils are an interface of the local village community with the state. Needless to say, they are bodies of self-governance at the village level and constitute the lowest tier of the reformed and re-institutionalized Panchayati Raj System. But strangely enough, in an area primarily inhabited by adivasis but the Mahila Sarpanch, who is a reserved candidate belongs to the OBC category. She resides approximately 80 kms away and rarely comes to the village or conducts meetings.. In fact, the harsh reality is that both husband and wife being OBC have no commonality with the adivasis neither any bonding nor understanding of their problems and hardships. Her husband who runs the local ration shop in fact controls the village affairs reflecting the fact that in a society where within the dominant discourse gender is constructed in such a way that women are seen as unfit, too ignorant and naïve to do politics,. Where family honour is associated with gender segregation and a gendered division of labour designating reproduction work as women's foremost duty, and not political participation.

3. EDUCATION: The village has many children who go to the local primary and middle level school; however, the poor standards of learning were observed. During the meeting when the Chairperson of the Inquiry Committee asked the villagers to give their complaints in writing to the administration for action. They expressed their inability due to their being illiterate. They were told not to be demotivated and it was suggested that they request the youngsters to write on their behalf. Most of the boy students with whom the Inquiry committee interacted were studying in class 8. On being asked to make a simple application to the Principal applying for leave they were unable to do the same. Education and healthcare sectors go hand in hand and in both there's a lot that remains to be done.



4. SANITATION AND HYGIENE: Lack of sanitation is a serious health risk to the people with no toilet facilities. The husband of the sarpanch said that toilets had been constructed but on inspection of the same the Inquiry Committee found some half built walls and a gaping hole. When confronted he said that the money given by the government was insufficient to cart material to this remote location and construct.

5. Central Government Scheme funds: It appears that MGNREGS and PMGSY funds have not been utilized effectively. The reason given by the local administration is that since the village falls within Tiger Reserve area, thus according to the Supreme Court decision no construction is allowed and MGNREGS cannot be operated. Further no unemployment allowance in lieu of the non-employment as per the provision of the NREGA is afforded to the villagers.

6. AWARENESS LEVELS: The community is totally unaware about their entitlements under different State and Central schemes. Absence of committed local elected representatives has impeded the implementation of rural development, tribal development and other programmes. In order to empower people an enabling environment, with requisite policies and programmes, institutional mechanisms at various levels and adequate financial resources has to be created, which is totally missing in the area. Apathy on part of officials and absence of facilities taken for granted in the modern world, has resulted in the villagers living in a time ‘warp’ of medieval age of ignorance and ‘superstition’. When a committed functionary intervenes, then her safety is at risk.

7. LAW :The provisions in the Indian Penal Code are not sufficient to deal with the problem effectively. Special laws are required in order to prevent women, specially widows with productive resources, from being targeted. Police sources stated that these incidents occur on an almost daily basis in Jhabua-Dhar region.

RECOMMENDATIONS

Victim Oriented-

- i. To ensure restorative justice for the woman/survivor of the atrocity, for she deserves to live with dignity, without shame, guilt or fear.

POLICE –

- ii. Police should protect the dignity of the woman and from further accusations of practicing black magic and mob attacks.
- iii. A coordinated programme of action should be developed to deal with spontaneous and random accusations and resulting attacks against women accused of practicing black magic.
- iv. Special Police should be trained to deal with such cases in a way that affirms the dignity of the labeled/branded woman.
- v. Capacity should be created by the State to include victim support units in every police station State, especially where incidences of accusations of black magic are high.
- vi. Evidence based coordinated and accurate state database of such incidences be collected, in order to measure and take accountable responsibility for properly and humanely managing such human rights offences in the future.

State Government-

- vii. State government to send stern message that no person may use their belief or religion to advocate or incite propaganda; imminent violence; or advocacy of hatred that constitutes incitement to cause harm to a woman.
- viii. State government to set up a PHC in the village in order to provide basic health care facilities so that the villagers do not fall prey to false accusations and indulge in violence against women.

- ix. State Govt should improve efficiency and capacities aimed at delivering better healthcare services to mother and children in the area.
- x. State Govt should prioritize the programme of capacity building of Anganwadi Workers, ASHA Workers, Auxiliary Nurse Midwives and Lady Health Visitors to ensure better healthcare facilities for the people.
- xi. State Govt should make available Widow pension/pension schemes for women.
- xii. State government to immediately relocate the villagers as per the Supreme Court so that they do not live in a condition of constant deprivation, and are partners in development.
- xiii. State Govt. to ensure that awareness programmes are held in vulnerable areas, since information, education and communication activities are essential ingredients in achieving social transformation.

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